

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee JON PODA CAMPAIGN COMMITTEE						Registration Number, if PAC			
Full Name of Candidate JON PODA									
Street Address 2798 ALEXANDRIA CT.				Office Sought			District		
City UNION TOWN				State OH		Zip Code 44685			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year 2016 Semiannual
	July Monthly		August Monthly		September Monthly		Termination		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M	D	Y	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	4.03
2. Total monetary contributions (From Form No. 31-A)	\$	0
3. Total other income (From Form No. 31-A-2)	\$	0
4. Total funds available (sum of lines 1, 2, 3)	\$	4.03
5. Total monetary expenditures (From Form No. 31-B)	\$	0
6. Balance on hand (line 4 minus line 5)	\$	4.03
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	5,150.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0
12. Value of independent expenditures made (From Form No. 31-U)	\$	0
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$.

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2017 JAN 30 AM 11:46

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BOARD OF ELECTIONS

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

JON PODA DEPUTY TREASURER Signature [Signature] Date 1/30/17
Print Name and Title (Treasurer and Deputy Treasurer only)

Contribution pages _____	Expenditure pages _____	Other pages _____	Total pages <u>2</u>
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Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee JON PODA CAMPAIGN COMMITTEE																	
From Whom Received JON PODA						Prior Amount 5150.00		Amt. Incurred this Period 0									
Address 2798 ALEXANDRIA CT.								Outstanding Balance 5150.00									
City UMIONTOWN		State OH		Zip Code 44685		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally incurred		M		D		Y		\$		M		D		Y		\$	
03		05		13													
Registration Number, if PAC						M		D		Y		M		D		Y	
Employer/Occupation/Labor Organization*						M		D		Y		M		D		Y	

From Whom Received										Prior Amount		Amt. Incurred this Period					
Address												Outstanding Balance					
City		State		Zip Code		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally incurred		M		D		Y		\$		M		D		Y		\$	
Registration Number, if PAC						M		D		Y		M		D		Y	
Employer/Occupation/Labor Organization*						M		D		Y		M		D		Y	

From Whom Received										Prior Amount		Amt. Incurred this Period					
Address												Outstanding Balance					
City		State		Zip Code		Loans Received This Period				Payments This Period							
						Date		Amount		Date		Amount					
Date Loan was originally incurred		M		D		Y		\$		M		D		Y		\$	
Registration Number, if PAC						M		D		Y		M		D		Y	
Employer/Occupation/Labor Organization*						M		D		Y		M		D		Y	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ 5,150.00
- 2 Total received this period \$ 0 (To Form No. 31-A-2)
- 3 Total payments this period \$ 0 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ 5,150.00 (To Form No. 30-A)